

| POSITION                  | INITIALS | ID NO | DATE     |
|---------------------------|----------|-------|----------|
| FEE DETERMINATION         |          |       |          |
| O.I.P.E. CLASSIFIER       |          | 49    | 2/21/01  |
| FORMALITY REVIEW          | WM       | 869   | 03-03-01 |
| RESPONSE FORMALITY REVIEW | SK       | 809   | 5/18/01  |

# INDEX OF CLAIMS

|   |                               |   |              |
|---|-------------------------------|---|--------------|
| ✓ | Rejected                      | N | Non-elected  |
| = | Allowed                       | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal       |
| ÷ | Restricted                    | O | Objected     |

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 5/18/01 |
| 2              |         |
| 3              |         |
| 4              |         |
| 5              |         |
| 6              |         |
| 7              |         |
| 8              |         |
| 9              |         |
| 10             |         |
| 11             |         |
| 12             |         |
| 13             |         |
| 14             |         |
| 15             |         |
| 16             |         |
| 17             |         |
| 18             |         |
| 19             |         |
| 20             |         |
| 21             |         |
| 22             |         |
| 23             |         |
| 24             |         |
| 25             |         |
| 26             |         |
| 27             |         |
| 28             |         |
| 29             |         |
| 30             |         |
| 31             |         |
| 32             |         |
| 33             |         |
| 34             |         |
| 35             |         |
| 36             |         |
| 37             |         |
| 38             |         |
| 39             |         |
| 40             |         |
| 41             |         |
| 42             |         |
| 43             |         |
| 44             |         |
| 45             |         |
| 46             |         |
| 47             |         |
| 48             |         |
| 49             |         |
| 50             |         |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 51             |      |
| 52             |      |
| 53             |      |
| 54             |      |
| 55             |      |
| 56             |      |
| 57             |      |
| 58             |      |
| 59             |      |
| 60             |      |
| 61             |      |
| 62             |      |
| 63             |      |
| 64             |      |
| 65             |      |
| 66             |      |
| 67             |      |
| 68             |      |
| 69             |      |
| 70             |      |
| 71             |      |
| 72             |      |
| 73             |      |
| 74             |      |
| 75             |      |
| 76             |      |
| 77             |      |
| 78             |      |
| 79             |      |
| 80             |      |
| 81             |      |
| 82             |      |
| 83             |      |
| 84             |      |
| 85             |      |
| 86             |      |
| 87             |      |
| 88             |      |
| 89             |      |
| 90             |      |
| 91             |      |
| 92             |      |
| 93             |      |
| 94             |      |
| 95             |      |
| 96             |      |
| 97             |      |
| 98             |      |
| 99             |      |
| 100            |      |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 101            |      |
| 102            |      |
| 103            |      |
| 104            |      |
| 105            |      |
| 106            |      |
| 107            |      |
| 108            |      |
| 109            |      |
| 110            |      |
| 111            |      |
| 112            |      |
| 113            |      |
| 114            |      |
| 115            |      |
| 116            |      |
| 117            |      |
| 118            |      |
| 119            |      |
| 120            |      |
| 121            |      |
| 122            |      |
| 123            |      |
| 124            |      |
| 125            |      |
| 126            |      |
| 127            |      |
| 128            |      |
| 129            |      |
| 130            |      |
| 131            |      |
| 132            |      |
| 133            |      |
| 134            |      |
| 135            |      |
| 136            |      |
| 137            |      |
| 138            |      |
| 139            |      |
| 140            |      |
| 141            |      |
| 142            |      |
| 143            |      |
| 144            |      |
| 145            |      |
| 146            |      |
| 147            |      |
| 148            |      |
| 149            |      |
| 150            |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy